

Am  
01-12-01

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO   | DATE     |
|---------------------------|----------|---------|----------|
| FEE DETERMINATION         |          |         |          |
| O.I.P.E. CLASSIFIER       | MJW      | 10      | 01-24-01 |
| FORMALITY REVIEW          | BZ       | 523-883 | 02-12-01 |
| RESPONSE FORMALITY REVIEW | HA       | 858     | 04-30-01 |
|                           | R.B      | 1076    | 05-18-01 |

INDEX OF CLAIMS

|   |                               |   |              |
|---|-------------------------------|---|--------------|
| ✓ | Rejected                      | N | Non-elected  |
| = | Allowed                       | I | Interference |
| - | (Through numeral)... Canceled | A | Appeal       |
| + | Restricted                    | O | Objected     |

| Claim    | Date   |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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